Docket Number

EXPETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		6(a)	530055.413R1	
FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)				
Application Number 09/680,697			Filed October 6, 2000	
For FOLDING KNIFE WITH ACTUATABLE SAFET	TY LOCKING ME	CHANISM		
Art Unit 3724		I	Examiner Clark F. Dexter	
This is a request under the provisions of 37 CFF reply in the above identified application.	R 1.136(a) to exter	nd the period	d for filing a	
The requested extension and fee are as follows fee below):	(check time perio	d desired an	d enter the appropriate	
100 20.011).	<u>Fee</u>	Small Entity Fee		
One month (37 CFR 1.17(a)(1))	\$120	\$60	\$	
Two months (37 CFR 1.17(a)(2))	\$450	\$22	5 \$ <u>450</u>	
Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$	
Four months (37 CFR 1.17(a)(4))	\$1590	\$79	5 \$	
Five months (37 CFR 1.17(a)(5))	\$2160	\$108	0 \$	
Applicant claims small entity status. See 37	CFR 1.27.			
A check in the amount of the fee is enclosed				
Payment by credit card. Form PTO-2038 is a		_		
The Director has already been authorized to application to a Deposit Account.	charge rees in this	5		
The Director is hereby authorized to charge a	any fees which ma	y be require	ed,	
or credit any overpayment, to Deposit According duplicate copy of this sheet.	ount Number <u>19-1</u>	<u>090</u> . I have	enclosed a	
WARNING: Information on this form may becor	ne public. Credit c	ard informat	ion should not be	
included on this form. Provide credit card info	rmation and author	rization on P	TO-2038.	
I am the 🗌 applicant/inventor.				
assignee of record of the entire intere	st. See 37 CFR 3	3.71		
Statement under 37 CFR 3.73(b) is	s enclosed (Form	PTO/SB/96)).	
🛚 attorney or agent of record. Registra	tion No. <u>52,404</u>			
attorney or agent under 37 CFR 1.34.				
Registration number if acting under	37 CFR 1.34			
177/	.	June 22, 2006		
Signature		Date		
Harold H. Bennett II Typed or printed name		206-622-4900 Telephone Number		
NOTE: Signatures of all the inventors or assignees of rec	ord of the entire inte	•		
			, , , , , , , , , , , , , , , , , , , ,	

Submit multiple forms if more than one signature is required.
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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